


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 32743 OR <input type="checkbox"/> Correspondence address below			
Name SEYMOUR LEVINE			
Address 4928 MAYTIME LANE		32743 PATENT TRADEMARK OFFICE	
City CULVER CITY	State CA	ZIP 90230	
Country USA	Telephone (310) 559-2965	Fax -	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LESLIE JAE		Family Name or Surname LENELL	
Inventor's Signature <i>Leslie Jae Lenell</i>		Date 6-25-04	
Residence: City CULVER CITY	State CA	Country USA	Citizenship USA
Mailing Address 4928 MAYTIME LANE			
City CULVER CITY	State CA	ZIP 90230	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) SEYMOUR		Family Name or Surname LEVINE	
Inventor's Signature <i>Seymour Levine</i>		Date 6-25-04	
Residence: City CULVER CITY	State CA	Country USA	Citizenship USA
Mailing Address 4928 MAYTIME LANE			
City CULVER CITY	State CA	ZIP 90230	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			